

# Announced Follow-up Inspection Report 1 December 2016



## Railway Dental Care

**Type of service: Independent Hospital – Dental Treatment**

**Address: 9 Railway Street, Strabane, BT82 8EG**

**Tel no: 028 71 382750**

**Inspectors: Stephen O'Connor and Emily Campbell**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Railway Dental Care took place on 01 December 2016 from 10:10 to 12:05.

The focus of the follow-up inspection was to ascertain the progress made to address the requirements and recommendations made as a result of the announced care inspection carried out on 21 September 2016.

Four requirements and 14 recommendations were made as a result of the inspection on 21 September 2016. Observations made, discussion with Mr Gordon Kennedy, registered person, and review of documentation confirmed that two of the four requirements have been addressed.

One requirement, stated for the second time, in regards to staff recruitment checks had not been fully addressed. One requirement in relation to AccessNI enhanced disclosure checks had not been fully addressed and issues of concern were again identified in relation to undertaking AccessNI enhanced disclosure checks. RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, have been continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice.

A meeting was held on 13 December 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The failure to comply notice relates to staff recruitment practices and the unmet requirements in relation to recruitment checks and enhanced AccessNI disclosure checks have been subsumed into the notice. The date by which compliance must be achieved is 14 February 2017.

Of the 14 recommendations made, 11 have been addressed. One recommendation regarding safeguarding training had not been met and is now stated as a requirement. Two recommendations made regarding staff appraisal and AccessNI information recording have been partially addressed and are stated for the second time. Three additional requirements were made during this inspection in relation to management of medical emergencies training, storage of chemicals and repairing the flooring in the ground floor toilet. Two additional recommendations have been made in relation to development of a protocol for the use of an automated external defibrillator (AED) and completion of x-ray audits. Further details can be seen in the main body of this report.

RQIA will continue to monitor the quality of service provided in Railway Dental Care.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gordon Kennedy, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Gordon Kennedy	<b>Registered manager:</b> Mr Gordon Kennedy
<b>Person in charge of the practice at the time of inspection:</b> Mr Gordon Kennedy	<b>Date manager registered:</b> 4 March 2013
<b>Categories of care:</b> Independent Hospital – Dental Treatment (IH)	<b>Number of registered places:</b> 1

## 3.0 Methods/processes

Prior to inspection we analysed the QIP submitted by Mr Kennedy in respect of the inspection carried out on 21 September 2016.

During the inspection the inspectors met with Mr Kennedy, registered person and a dental nurse.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- management and governance arrangements

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 21 September 2016**

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 21 September 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) (d)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p><b>Not Met and subsumed into a failure to comply notice</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Kennedy confirmed that a new member of staff commenced work in Railway Dental Care since the previous inspection. Review of the identified staff personnel file evidenced that not all documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. The personnel file did not contain written references, an employment history to include an explanation of any gaps in employment if applicable, or confirmation that the staff member is physically and mentally fit to fulfil their duties.</p> <p>Despite having raised these matters during previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.</p> <p>Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice. A meeting was held on 13 December 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 14 February 2017.</p>	

	This requirement has not been met and has been subsumed into a failure to comply notice.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 (1) (b) (c) <b>Stated:</b> First time	<p>In line with best practice guidance Mr Kennedy must provide an AED or establish formal arrangements for timely access to an AED.</p> <p><b>Action taken as confirmed during the inspection:</b>  Mr Kennedy confirmed that the practice had purchased an AED and taken delivery of the AED the day before the inspection. Staff have yet to receive training on the use of the AED and the protocol for the management of cardiac emergencies had not been further developed to include the arrangements for the use of an AED.</p> <p>It was confirmed that medical emergency refresher training is overdue. Discussion evidenced that the practice have been communicating with the external organisation who provides the medical emergency refresher training; however they are experiencing some difficulty trying to schedule a date. As an interim measure staff have completed in house medical emergency refresher training and records have been retained.</p> <p>A requirement has been made in regards to medical emergency refresher training to include the use of the AED.</p> <p>A recommendation has also been made to further develop the protocol for the management of cardiac emergencies to include the arrangements for the use of an AED. Once developed this should be shared with staff.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 19 (2) Schedule 2 <b>Stated:</b> First time	<p>Mr Kennedy must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p><b>Action taken as confirmed during the inspection:</b>  As discussed it was identified that one new member of staff had commenced work in the practice since the previous inspection. Review of the identified personnel file evidenced that the AccessNI enhanced disclosure check had been undertaken and received prior to commencement of employment.</p>	<b>Not Met and subsumed into a failure to comply notice</b>

	<p>However, review of staff personnel files identified that no AccessNI check had been undertaken or received for a staff member who commenced work in April 2015. This was discussed with Mr Kennedy who confirmed that the identified staff member was non-clinical and he was of the opinion that AccessNI checks were only applied to clinical staff members. Mr Kennedy was advised that AccessNI enhanced disclosure checks apply to all staff irrespective of their designation.</p> <p>As discussed, following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply notice in respect of recruitment and selection practices. A meeting was held on 13 December 2016 at the offices of RQIA. As a result a failure to comply notice was issued. The date by which compliance must be achieved is 14 February 2017.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice.</p>	
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 21 (3) 9b)</p> <p><b>Stated:</b> First time</p>	<p>Mr Kennedy must ensure that all records pertaining to the practice are available in the practice for review by inspectors during inspections. The following records must be available for review during the next care inspection:</p> <ul style="list-style-type: none"> <li>• personnel files for all staff recruited since registration with RQIA to include contracts of employment, records of induction and job descriptions</li> <li>• professional indemnity certificates for all staff who require individual indemnity cover</li> <li>• the most recent validation certificates for all equipment used during the decontamination process</li> <li>• the radiation protection file</li> <li>• the written scheme of examination inspection reports for all pressure vessels in the practice</li> <li>• the most recent report detailing the findings of the patient satisfaction surveys</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>All records requested by inspectors to include all records specified in the above requirement were readily available for review during the inspection.</p>	<p><b>Met</b></p>

	<p>Review of the radiation protection file evidenced that x-ray audits for the period January to June 2016 only identified the x-ray grade and the justification recording. This is not in keeping with legislative and best practice guidance. X-ray quality grading audits should be completed every six months and justification and clinical evaluation recording audits should be completed annually.</p> <p>A recommendation has been made in respect of x-ray audits.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>If Glucagon is stored in a fridge, daily fridge temperatures should be monitored and recorded to evidence that the medicine is stored between two and eight degrees celsius as recommended by the manufacturer.</p> <p>Glucagon can be stored at a temperature not exceeding 25 degrees Celsius for 18 months provided that the manufacturer's expiry date is not exceeded. If stored at room temperature a revised expiry date should be recorded on the medication packing and expiry date checklist.</p> <p><b>Action taken as confirmed during the inspection:</b> The Glucagon medication was stored in the fridge; however, Mr Kennedy confirmed that he intends to store the medication with the remainder of the emergency medications. A revised expiry date, in keeping with the manufacturer's instructions, was identified on the medication and the emergency medication checklist during the inspection.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that portable suction and oropharyngeal airways in the various sizes as recommended by the Resuscitation Council (UK) are provided.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Kennedy advised that the portable suction and airways had been ordered on 25 November 2016; however, they had not yet been delivered. Documentary evidence of the order invoice was available during the inspection. A dental nurse contacted RQIA on 14 December 2016 to advise that the portable suction and airways were received by the practice on 2 December 2016.</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> <li>• advertising and application process;</li> <li>• shortlisting, interview and selection process;</li> <li>• issuing of job description and contracts/agreements;</li> <li>• employment checks including two written references;</li> <li>• exploration of employment history including any gaps in employment;</li> <li>• pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties;</li> <li>• arrangements for obtaining an enhanced AccessNI check; and</li> <li>• evidence of professional qualifications and GDC registration if applicable.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A recruitment policy has been developed. Review of the policy evidenced that it fully reflects best practice guidance.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the following issues in relation to induction an recruitment are addressed:</p> <ul style="list-style-type: none"> <li>• a formal induction programme should be developed and records of induction retained;</li> <li>• job descriptions for the various roles in the practice should be developed and staff should be provided with a copy of their job description's; and</li> <li>• contracts/agreements of employment should be retained in staff personnel files.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records evidenced that a formal induction programme, model job descriptions and contracts/agreements of employment have been developed. As discussed one new staff member has commenced employment in the practice since the previous inspection. The identified personnel file included a record of induction, a job description and a contract of employment.</p>		

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>Mr Kennedy should implement a system for appraising staff performance at least on an annual basis.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A performance and development review policy has been developed. Mr Kennedy confirmed that he intends to commence staff appraisals at the beginning of 2017 and that templates to record staff appraisals have yet to be developed.</p> <p>This recommendation has been partially addressed and it has been stated for the second time.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>Establish a system for recording and verifying each AccessNI enhanced disclosure check received to include the following;</p> <ul style="list-style-type: none"> <li>• a record of the date that the application form was submitted to the umbrella organisation</li> <li>• a record of the date the enhanced disclosure was received by the practice</li> <li>• a record of the unique AccessNI reference number on the disclosure certificate</li> <li>• the outcome of the registered provider's consideration of that certificate</li> </ul>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Four staff personnel files were reviewed. Review evidenced that in respect of AccessNI enhanced disclosures checks the only information recorded was the unique AccessNI reference number and the date the check was issued. This was discussed with Mr Kennedy who was advised that all information in respect of the check, as outlined above, should be recorded. It was suggested that the development of a template to record AccessNI information would ensure that all required information is recorded in the future.</p> <p>This recommendation has not been fully addressed and it is stated for the second time.</p>		

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p>	<p>A robust system should be established to ensure that all staff have completed refresher training in the protection of children and adults at risk of harm every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.</p>	<b>Not Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Kennedy confirmed that staff have not completed refresher training in the protection of children and adults at risk of harm. Means by which this training could be provided were discussed with Mr Kennedy.</p> <p>This recommendation has not been addressed and it has been stated as a requirement.</p>		
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>	<p>Arrangements should be established to ensure that the IPS HTM 01-05 audit tool is completed every six months in keeping with HTM 01-05.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made confirmed that the IPS audit had been completed on 21 November 2016. Mr Kennedy confirmed this would be completed every six months.</p>		
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>X-ray equipment should be serviced and maintained in accordance with the manufacturer's instructions. Records of servicing should be retained and available for inspection.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made confirmed that the two intra-oral x-ray machines had been serviced on 18 November 2016. Mr Kennedy advised that the x-ray processor had been serviced on the day prior to this inspection.</p>		
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p>	<p>The fire detection system should be serviced and maintained in accordance with the manufacturer's instructions and records retained.</p> <p>Routine checks should be undertaken and recorded in respect of the emergency break glass points and emergency lighting.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records confirmed that the fire detection</p>		

	system was serviced by an external organisation on 18 November 2016. Templates are in place to record routine checks of the emergency break glass points and emergency lighting.	
<b>Recommendation 11</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	<p>A records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection should be established.</p> <p><b>Action taken as confirmed during the inspection:</b> A records management policy has been developed. Review of the policy evidenced that it fully reflects best practice guidance.</p>	<b>Met</b>
<b>Recommendation 12</b> <b>Ref:</b> Standard 11.6 <b>Stated:</b> First time	<p>Mr Kennedy should establish regular staff meetings. Minutes of staff meetings should be retained and shared with staff.</p> <p><b>Action taken as confirmed during the inspection:</b> One staff meeting has been held since the previous inspection and records retained. Mr Kennedy confirmed that it is his intention to hold staff meetings monthly. Mr Kennedy outlined the procedure in this regard, to include the development of an agenda and that minutes would be taken and shared with staff who were unable to attend.</p>	<b>Met</b>
<b>Recommendation 13</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	<p>The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, is submitted to RQIA within the timescales specified.</p> <p><b>Action taken as confirmed during the inspection:</b> The Quality Improvement Plan (QIP) generated as a result of the inspection undertaken on 21 September 2016 was completed and submitted to RQIA following the inspection.</p>	<b>Met</b>
<b>Recommendation 14</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	<p>Mr Kennedy should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p><b>Action taken as confirmed during the inspection:</b> Mr Kennedy outlined the current monitoring systems in place to ensure effective quality assurance and governance to include, delegation of duties to staff, implementation of staff meetings, patient satisfaction questionnaires, procedures for the annual review of policies/procedures and risk assessments. It is recognised that some of the requirements and recommendations made during the previous inspection have been progressed.</p>	<b>Met</b>

### 4.3 Additional areas examined

Bottles of bleach and cleaning chemicals were observed in the patient/staff toilet. This was immediately brought to the attention of Mr Kennedy and the dental nurse. The chemicals were removed from the toilet and safely stored during the inspection. A requirement has been made in this regard.

It was also observed that the vinyl flooring on the corridor leading to the toilet facility is starting to lift where there is a join. This could potentially develop into a trip hazard and Mr Kennedy was advised that this should be addressed before it becomes a trip hazard. A requirement has been made to address this.

### 4.4 Inspection findings

#### Areas for improvement

Arrangements must be established to ensure that all staff complete medical emergency refresher training to include the use of the AED.

The protocol for the management of cardiac emergencies should be further developed to include the arrangements for the use of an AED.

X-ray quality grading and justification and clinical evaluation recording audits should be completed in keeping with legislative and best practice guidance.

A system should be implemented for appraising staff performance at least on an annual basis.

A robust system must be established to ensure all staff have completed refresher training in the safeguarding of children and adults at risk of harm or abuse in keeping with the Minimum Standards for Dental Care and Treatment 2011.

Information contained within AccessNI enhanced disclosure checks should be recorded.

Chemicals must be appropriately stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations.

The vinyl flooring at the entrance door to the toilet on the ground floor should be repaired where it is lifting.

<b>Number of requirements</b>	4	<b>Number of recommendations</b>	4
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Gordon Kennedy, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>All staff must complete medical emergency refresher training to include the use of an automated external defibrillator (AED).</p> <p>Arrangements must be established to ensure medical emergency refresher training is completed on an annual basis.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">-TRAINING COMPLETED</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>A robust system must be established to ensure that all staff have completed refresher training in the safeguarding of children and the protection of adults at risk of harm or abuse every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">TRAINING UNDERTAKEN &amp; SYSTEMS AMENDED.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 25 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>Chemicals must be appropriately stored in keeping with COSHH regulations and staff should be made aware of their responsibilities under COSHH regulations.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">COMPLETED AS REQUIRED.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 25 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>The vinyl flooring at the entrance door to the toilet on the ground floor should be repaired where it is lifting.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">FLOOR REPAIRED.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 12. 1</p> <p>Stated: First time</p> <p>To be completed by: 01 January 2017</p>	<p>The protocol for the management of cardiac emergencies should be further developed to include the arrangements for the use of an AED. Once developed this should be shared with staff.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">PROTOCOL DEVELOPED &amp; SHARED.</p>

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<p><b>Recommendation 2</b></p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2017</p>	<p>X-ray quality grading and justification and clinical evaluation recording audits should be completed in keeping with legislative and best practice requirements.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">RECOMMENDATION ADDRESSED.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 01 March 2017</p>	<p>Mr Kennedy should implement a system for appraising staff performance at least on an annual basis.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">SYSTEM IMPLEMENTED.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 01 January 2017</p>	<p>Establish a system for recording and verifying each AccessNI enhanced disclosure check received to include the following;</p> <ul style="list-style-type: none"> <li>• a record of the date that the application form was submitted to the umbrella organisation</li> <li>• a record of the date the enhanced disclosure was received by the practice</li> <li>• a record of the unique AccessNI reference number on the disclosure certificate</li> <li>• the outcome of the registered provider's consideration of that certificate</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b></p> <p style="text-align: center;">SYSTEM ESTABLISHED.</p>



RAILWAY RENTAL CARE  
9 RAILWAY ST.  
STRABANE.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews